IFW#

Atty. Dkt. No. 041673-1202



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

CHIEN et al.

Title:

METHOD FOR INHIBITION FOR

**INHIBITION OF** 

PHOSHOLAMBAN ACTIVITY FOR THE TREATMENT OF CARDIAC DISEASE AND

**HEART FAILURE** 

Appl. No.:

10/705791

Filing Date:

11/2/1999

Examiner:

USPTO EXAMINER

Art Unit:

USPTO\_ART\_UNIT

## CERTIFICATE OF EXPRESS MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. EV 727839194 US 3/2/06 (Express Mail Label Number) (Date of Deposit) Rachel Caputo (Printed Name)

## **AMENDMENT TRANSMITTAL**

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [ ] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.
- [ ] Assertion of Small Entity status is enclosed.
- [ X ] The fee required for additional claims is calculated below:

· · · · · · · · · · · · · · · · · · ·	Claims	Claims			Extra			
	As		Previously		Claims			Additional
	Amended		Paid For		Present		Rate	Claims Fee
Total Claims:	8	-	20	=	0	Х	\$50.00 =	\$0.00

Independent Claims:	2	•	3	=	0	х	\$200.00	=	\$0.00
First 1	presentation	of any	Multiple	Depende	ent Claims:	+	\$360.00	= _	\$0.00
					CLAIMS	FE	E TOTAL	= -	\$0.00

Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[	]	Extension for response filed within the first month:	\$120.00		\$0.00	
[	]	Extension for response filed within the second month:	\$450.00	•	\$0.00	
[	]	Extension for response filed within the third month:	\$1,020.00	•	\$0.00	
[	]	Extension for response filed within the fourth month:	\$1,590.00	•	\$0.00	
[	]	Extension for response filed within the fifth month:	\$2,160.00	_	\$0.00	
	EXTENSION FEE TOTAL:					
[	]	Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	_	\$0.00	
		CLAIMS, EXTENSION AND DISCLAIMER I	FEE TOTAL:		\$0.00	
[]	X ]	Information Disclosu	re Statement: 1	١ .	\$180.00	
[ ]	X ]	Small Entity Fees Apply (subtract	½ of above):		\$90.00	
	FOTAL FEE:		\$90.00			

- [X] Please charge Deposit Account No. 50-0872 in the amount of \$90.00. A duplicate copy of this transmittal is enclosed.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such

extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

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